

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025100

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 202

FILED JUN 17 1963

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		c. CITY OR TOWN <b>Cyrene</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Levering Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>General Delivery</b>
3. NAME OF DECEASED (Type or print) <b>DAVID HARRISON TINSLEY</b>		4. DATE OF DEATH Month <b>June</b> Day <b>4</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-22-89</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Treasurer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pike Co., Mo.</b>	9. AGE (last birthday) <b>74</b>
11. BIRTHPLACE (City and state or country) <b>Cyrene, Pike, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>David A. Tinsley</b>		13b. MOTHER'S MAIDEN NAME <b>Alma Harrison</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Tinsley</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of) <b>No</b>	
16. SOCIAL SECURITY NO. <b>54 Kemble Tinsley, Cyrene, Missouri</b>		17. INFORMANT Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia &amp; Vascular embolus</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>P.O. Thoracic Surgery</b> DUE TO (c) <b>Carcinoma of Esophagus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a). <b>Ignorance Carcinoma of middle 1/3 Esoph.</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>10</b> a.m. Month, Day, Year <b>June 2, 63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Cyrene, R.F.D.?, Missouri</b>	
21. I attended the deceased from <b>June 2, 63</b> to <b>June 4, 63</b> and last saw him alive on <b>6/4/63</b> Death occurred at <b>10:25</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>R. M. [Signature]</b> (Degree or title)	
22b. ADDRESS <b>711 Grand Ave. Hannibal Mo.</b>		22c. DATE SIGNED <b>6/6/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-7-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Antioch Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Cyrene, R.F.D.?, Missouri</b>		24. FUNERAL DIRECTOR Address <b>Harold Kirks, Bowling Green, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>June 10, 1963</b>		26. REGISTRAR'S SIGNATURE <b>Dr. E. M. [Signature]</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

ITEM NO.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Harold Kix*

Licensed Embalmer No. 4597

P. O. Address Bowling Green, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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Permit renewed 6/10/63